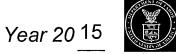
OSHA's Form 300A (Rev. 01/2004)

Number of Cases

Note: You can type input into this form and save it.

Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.



U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

deaths	Total number of cases with days way from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 ,	15	1	0
(G)	(H)	(1)	(J)
Number of Day	s		
Total number of days away from work		Total number of days of job transfer or restriction	
138		2	
(K)	· ·	(L)	
Injury and Illne	ss Types		
Total number of			
(1) Injuries	15	_ (4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory condition	ons 0	(6) All other illnesses	1

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment informatio	= =	on
Street 4551 Llewellyr	n Avenue	
City Fort Meade	State MD	_{Zip} 20755
Industry description (e.g., Manufal Federal Governme	cture of motor tru	ck trailers)
Standard Industrial Classification ((SIC), if known (e	.g., 3715)
OR		
North American Industrial Classif	ication (NAICS),	if known (e.g., 336212)
Employment information Worksheet on the next page to esta	imate.)	these figures, see the
Annual average number of employ Total hours worked by all employ	-	21440
Sign here	_	
Knowingly falsifying this doc	cument may res	ult in a fine.
I certify that I have examined to my knowledge the entries are to the company executive Phone 301 - 677 - 6/5	rue, accurate, ar	nd complete. OTY COMMANDER itle ¹
		Save Input